



Medical Parking Application

Part 2: Medical Provider Checklist for Medical Parking

Applicant Permission

I, _____ (applicant name), do hereby give my permission to _____ (medical provider), MD, DO, DPM, NP or PA to provide medical information concerning my application to NYS OGS, for medical parking, and to discuss this information with the NYS Employee Health Service and the OGS Medical Parking Review Committee, if requested. I further certify that to the best of my knowledge, all required information has been included, and that if it is not, I understand that the packet will be returned to me for completion and resubmittal.

Applicant Signature

Date

Medical Provider

This form must be completed ONLY by a medical doctor (MD), doctor of osteopathy (DO), doctor of podiatric medicine (DPM), optometrist (OD), nurse practitioner (NP), or physician assistant (PA), as defined in VTL Section 404-a.

The above state employee is applying for a medical parking permit because of a disability. This application will be reviewed pursuant to all applicable federal and state laws to determine whether medical parking is appropriate. Your diagnosis, assessment, supporting documentation, and prognosis provides the KEY input to the review process which is responsible to provide a reasonable accommodation that meets the employee's needs without creating an undue hardship on the employer.

Please indicate disability type: **Long Term (3 Years)** **Temporary (How long is the disability expected to last?)**

Diagnosis (Provide detailed information): In addition to this form, separate supportive documentation from your medical provider **MUST** be included for requests involving both Long Term and Temporary disabilities. All documentation must be dated within 6 months of application date. Medical documentation may include the following: Medical assessment of the condition you are applying for, imaging, physical therapy notes etc.



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Medical Provider (continued)

For Long Term Disability

A person with one or more of the permanent impairments, disabilities or conditions which limit mobility, as listed below (check all that apply):

Uses portable oxygen

Other (explain):

Legally Blind

Limited or no use of one or both legs

Neuromuscular dysfunction that severely limits mobility

Class III or IV cardiac condition (Am Heart Assn standards) Severely limited in ability to walk due to arthritic, neurological or orthopedic

For Both Long Term and Temporary Disability

Patient CANNOT board a handicapped accessible transit bus

Patient CAN walk, or travel 200 feet with assistive device

Patient is certified by the medical provider to have an impairment of vision

Patient CANNOT climb
3-4 steps. Reason →

Medical Provider Name

Medical Provider Professional License #

Medical Provider Phone

Medical Provider Address

Medical Provider Signature

Date